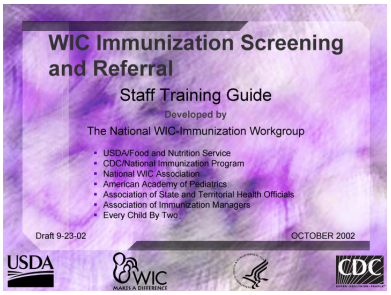
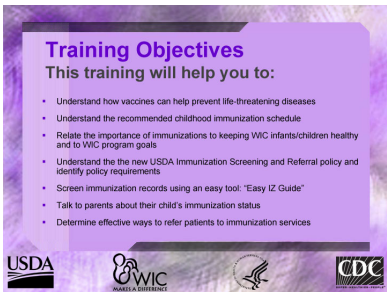
Slide 1



Slide 2



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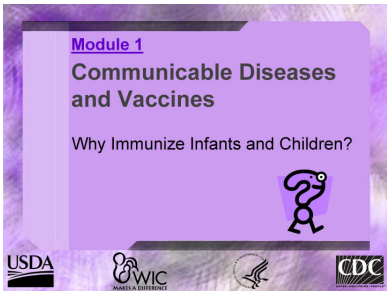


In this module we are going to discuss why it is important to immunize infants/children.

Many of you may be young enough that you have never seen these diseases. But after the next 15 minutes you will know why we still vaccinate infants/children against them.

Slide 4

Not long ago, parents lived in fear of diseases we can now prevent.

How many of you remember getting polio vaccine on a sugar cube in a line at school? Does anyone have a relative that had polio?

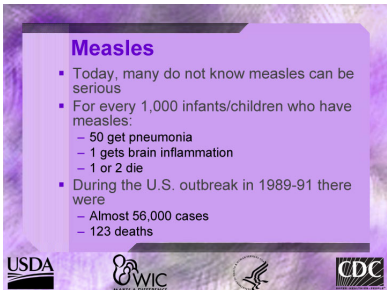
{*Participants raise their hands and quickly discuss their experiences.*}

In 1916, polio killed 6,000 people & paralyzed 27,000 in the United States alone. As late as the 1950's, parents refused to let their infants/children go to movies or go swimming for fear of catching the disease.

Polio vaccine became available in 1955 and people clambered to get their infants/children vaccinated. Polio immediately started to disappear. Now there is **no** wild polio in the U.S. or the other countries of the Americas.

Unfortunately, we can't stop vaccinating *yet* because there is still polio in a few parts of the world and it could find its way back into this country.

Slide 5



It shocks a lot of people to learn that measles was once more dreaded than smallpox.

Parents today may not realize how serious measles is. For every 1,000 infants/children who get measles:

50 get pneumonia
1 gets brain inflammation (encephalitis)
1 or 2 die . . . even with modern medical care.

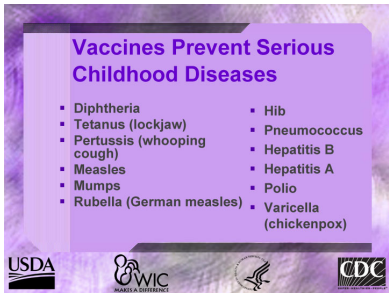
Measles is completely preventable through vaccination. It is sad to think that in the richest country in the world we could still have an outbreak of measles. But that's exactly what happened between 1989 and 1991.

Almost 56,000 people got measles during those three years and 123 died.

It was because of this measles epidemic that WIC began helping Immunization programs. CDC credits WIC with being instrumental in helping to stop the epidemic.

Could another large-scale measles outbreak happen again?? It could, if we let immunization rates drop.

Slide 6



Here is a list of the vaccines that are routinely recommended for infants/children. All of these vaccines can prevent serious diseases.

{Note - in some areas, the speaker may not want to include hepatitis A.}

Parents may not have heard of all these diseases, or know why vaccinating against them is so important.

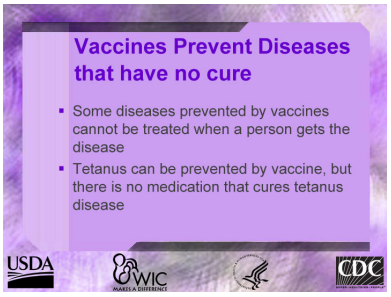
Slide 7

Take chickenpox. A mild itchy rash that might make your child uncomfortable and miss school for a couple weeks. This picture tells a different story. Even chickenpox can be serious - not often, maybe, but why take a chance?

Before varicella (chickenpox) vaccine, almost everyone got chickenpox. Usually, it is mild. But, did you know that out of every 100,000 infants who get chickenpox about 6 die?

This baby got chickenpox at birth from her infected mother, and developed a severe skin infection. (She got proper treatment, and recovered.)

Slide 8



Many diseases that can be prevented by vaccines cannot be treated if a person gets the disease. This makes vaccination even more important.

For example, there is no antibiotic or other medication that can cure tetanus. A child who has not been vaccinated against tetanus and gets the disease has a one in ten chance of dying.

Slide 9

We have almost forgotten some childhood diseases - for example, diphtheria. The diphtheria bacteria produce a powerful poison that can cause serious complications such as heart failure or paralysis.

In the 1920's there were about 150,000 cases of diphtheria each year in the US and about 15,000 deaths. Now, thanks to the vaccine, there are only few cases a year. But in countries of the former Soviet Union there were 50,000 cases in 1995. This outbreak may have been due to a failure to keep ADULTS up to date on their vaccinations.

Slide 10

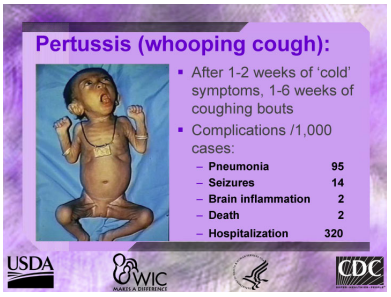
Sometimes, the serious consequences of a disease come 20 years after the disease starts. That's the case, with hepatitis B infection. Even if "only" 400 people die each year directly from a hepatitis B infection, the virus continues to act in a slow way. Hepatitis B virus invades the liver and gradually, over twenty years, it can lead to liver cirrhosis (which is a breakdown of the liver) and cancer. This is how hepatitis B kills most of its victims.

Infected *infants* are at greatest risk for serious complications. If a pregnant woman has hepatitis B, her baby has a 40% chance of being infected if it is not vaccinated at birth.

There is NO CURE for hepatitis B. There is no antibiotic treatment.

As of 1996, there were 4,000 to 5,000 deaths each year in US as a result of chronic hepatitis B . . . and these can be prevented with hepatitis B vaccine.

Slide 11



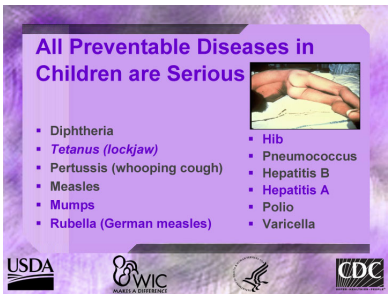
This is a picture of an infant with pertussis, also known as whooping cough. An infant who can't stop coughing, cannot eat or drink enough to stay alive.

Pertussis starts like a regular cold. But after 1 or 2 weeks, coughing spasms begin, and might last 1 to 6 weeks. This is frightening to watch. The child coughs and coughs until there is no air it its lungs. When the child tries to suck in air, the airway is swollen, and as they try to breathe through the narrowed airway they make a whooping noise.

As if this weren't bad enough, pertussis also has complications. For every 1,000 infants/children with pertussis,

95 will develop pneumonia
14 will have seizures
2 will have brain inflammation (encephalitis)
2 will die Out of every 1,000 who get pertussis,
320 will need a hospital stay.

Slide 12



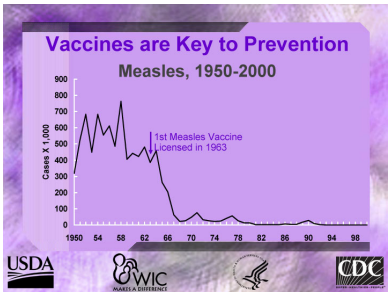
I've said that all the diseases we prevent in infants/children are serious -- but it's worth repeating.

We won't go into each disease in depth, but let's look at one of them again.

The person in this picture has tetanus. If you don't already have a healthy fear of tetanus, you should. It's other name - lockjaw - says a lot - but the picture on this slide tells more. The disease causes the muscles to contract (note how his back is uncontrollably arched). In fact, muscle contractions can be so powerful that they break bones. Swallowing relies on muscles, too, so tetanus can also immobilize the muscles needed for eating and drinking.

We could continue through the list and talk about each of these 12 diseases. The effects, consequences, and stories would be just as alarming as those for tetanus.

Slide 13



Up to now, I think I've made the point that the diseases we can prevent through vaccination were very common and very terrible. So - we vaccinate to prevent human suffering. But do the vaccines work?

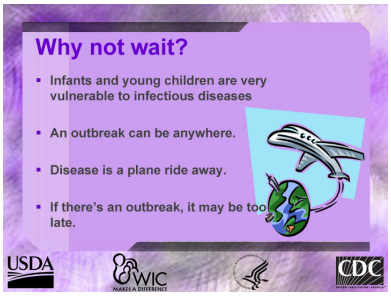
This graph gives you an idea of just how well they do work!

It shows the number of measles cases (in thousands) that were

reported in the US each year since 1950. As you can see, before we had a vaccine there were hundreds of thousands of cases each year. But as soon as first measles vaccine was licensed in 1963 -- boom -- the number of cases drops.

Vaccines are a KEY to prevention.

Slide 14



Some parents just don't seem to have the time to get their children immunized on schedule…Why not let them wait? There are at least three good reasons.

Infants and young children easily get infectious diseases. They are also the ones most likely to die from these diseases.

You never know when a child will be exposed to someone carrying the disease germ or when an outbreak will occur here. In our modern world, even if disease levels here are low, disease is never more than a plane ride away.

If there is an outbreak, it may be too late for vaccinations to work.

Slide 15

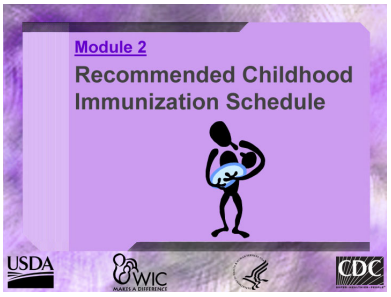
You don't know if these infants/children have been exposed to a disease that can be prevented by a vaccine.

Parents need to be reminded to protect their infants/children now. Don't wait.

Slide 16

Immunizations are one of THE most important ways parents can protect their infants/children.

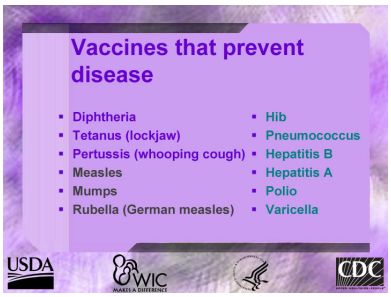
Slide 17



To help you have a better understanding of ALL the shots that a child needs, we will go over the entire immunization schedule with you now.

You do NOT have to memorize all this! In fact, using WIC's new screening and referral requirement you will be looking at only **one** vaccine, not all of them. So for now just relax and follow along. The main goal is just to have the schedule make sense to you.

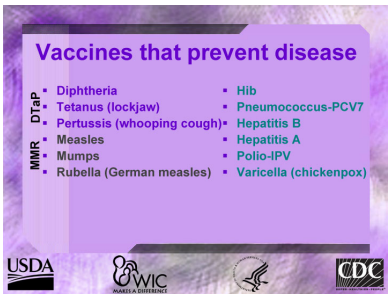
Slide 18



In the first module, we talked about all the childhood diseases that vaccines prevent. Here they are again. Sometimes,two or more vaccines are combined in a single shot.

{Note - in some areas, the speaker may not want to include hepatitis A.}

Slide 19



The vaccine called DTaP protects against 3 diseases: diphtheria, tetanus, and pertussis.

The vaccine called MMR also protects against 3 diseases: measles, mumps, and rubella.

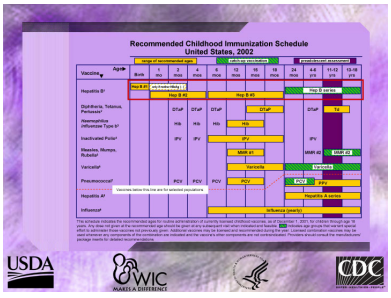
You might hear some vaccines called by different names.

Pneumococcus vaccine is also called "Prevnar" because that's its commercial name. Sometimes it's called PCV, or PCV-7.

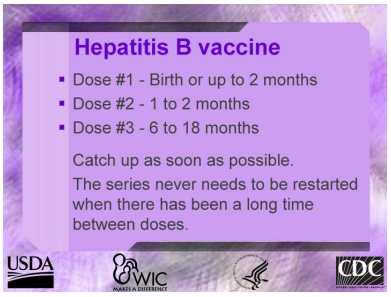
Polio vaccine is called "IPV," which is short for "Inactivated Polio Vaccine." ("Inactivated" means that the polio virus is killed to make this vaccine.)

"Varicella" is the medical name for chickenpox.

Slide 20



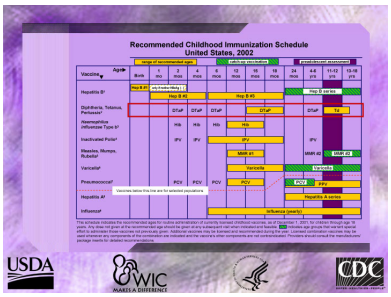
Slide 21



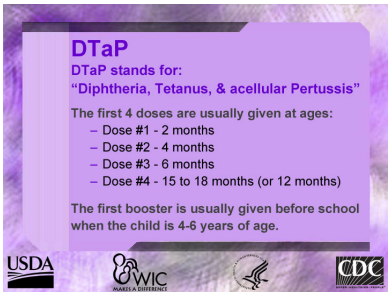
To review:
Dose #1 is recommended at birth or up to 2 months of age. Dose #2 comes after that -- usually at 1 to 2 months of age. Dose #3 can be given from 6 to 18 months of age. The main thing is that all three doses are needed for full protection.

Any child who didn't get the full 3-dose series early in life should catch up as soon as possible. As with other vaccines, the hepatitis B vaccine series never needs to be restarted, even when there has been a long time between doses. The child should just get the doses missed.

Slide 22



Slide 23



Let's review what we've just learned:

[FACILITATOR: HIT DOWN ARROW]

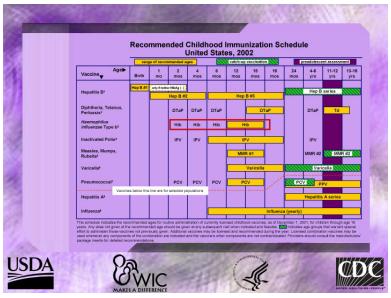
What does DTaP stand for?

[HIT DOWN ARROW]

Yes…
[HIT DOWN ARROW]

Etc.

Slide 24



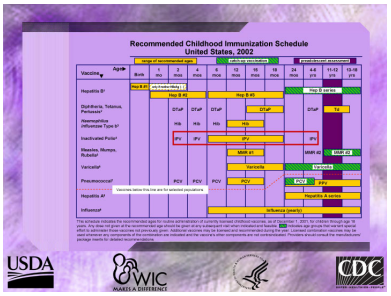
"So here we see it again on the table - DTaP at 2, 4, & 6 months…"

[HIT DOWN ARROW to highlight Hib vaccine]

The next vaccine on the list is Hib (short for Haemophilus influenzae type b -- people sometimes called it "the meningitis vaccine").

It is usually given at 2, 4, and 6 months of age, with one booster after the first birthday. With one brand of this vaccine, the 6 month dose isn't needed.

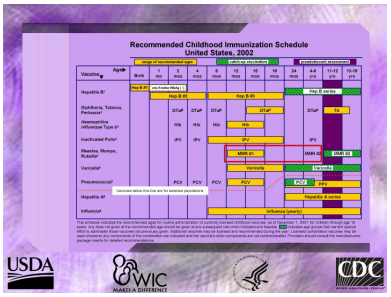
Slide 25



The next vaccine is polio vaccine. It is called IPV for "inactivated polio vaccine."

Dose # 1 is at 2 months, dose #2 is at 4 months, then there is a lot of leeway about when to give dose #3. It is recommended any time between 6 and 18 months of age. Also a booster is recommended before a child starts school.

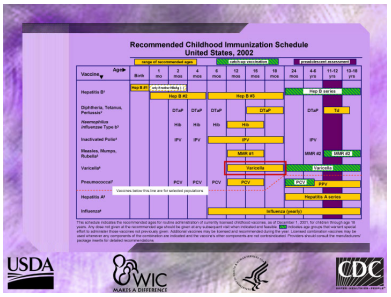
Slide 26



MMR is easier to remember. One dose is given after the first birthday and a second dose is given before school entry, when the child is 4-6 years of age.

That green bar at the end does NOT mean a third dose: it's just there as a reminder that infants/children who haven't had two doses should get caught up as soon as possible.

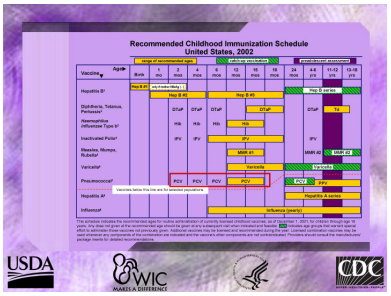
Slide 27



Varicella vaccine is a lot like MMR. It is given on or after the first birthday. A second dose is not needed.

Again, the green bar at the end is there as a reminder that infants/children who haven't had varicella vaccine should get it as soon as possible. (Of course, if a child has had chickenpox, he or she won't need the vaccine.)

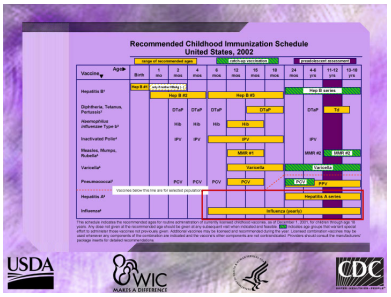
Slide 28



PCV -- the pnemococcus vaccine -- is recommended at 2,4, and 6 months of age with a booster dose between 12 and 15 months of age.

There are actually two pneunococcal vaccines. The other one is recommended for older children who have certain medical conditions (e.g., sickle cell disease or HIV infection) and some adults. This is the "PPV" shown in the yellow bar to the right

Slide 29



Hepatitis A vaccine is recommended for all children 2 years old or older who live in areas where hepatitis A virus is very common.

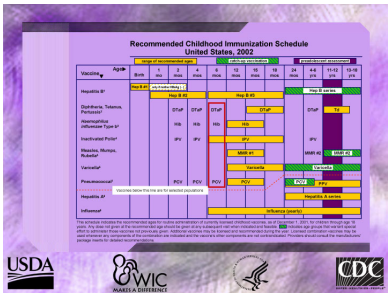
Influenza vaccine (or "flu vaccine") is recommended for all infants/children 6 months of age or older who are at risk for serious illness from influenza. For example, infants/children with asthma, heart defects, or diabetes are all prone to getting very sick from influenza.

Healthy infants/children 6 months and older can also get flu

vaccine.

This vaccine is given every year in the fall.

Slide 30



Now, let's take a look at a child of six months of age. Which vaccines should the child's health care provider be thinking about (ASK THE GROUP TO RESPOND)

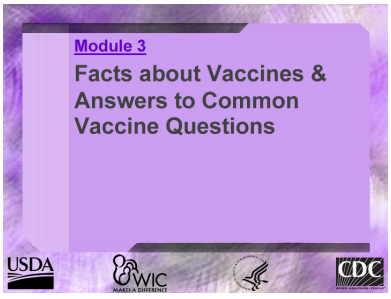
[HIT DOWN ARROW to highlight 6-month vaccines]
Hepatitis B
DTaP
Hib
IPV
PCV
(and possibly influenza in the fall)

You may think, "Is this too many vaccines to give a baby?" In our NEXT module, we'll address this and other common questions of vaccine safety.

Before we go on, what questions do you have about the immunization schedule?

[Note: Students might, correctly, point out that two of these vaccines (hepatitis B and IPV - three if you count influenza) have a range of ages at which they can be given, so it isn't necessary to give all 5 vaccines exactly at 6 months.]

Slide 31



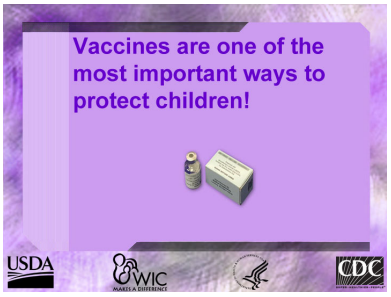
This module is designed to help you know some basic facts about vaccines and the answers to common questions that people sometimes have about vaccines.

WIC's role is not to be the experts on vaccines. You certainly don't have to know all the answers. This information is provided to help answer questions you may have yourself or that WIC parents may have.

Slide 32

In order to be an effective promoter of immunizations, it is important to learn some basic facts.

Slide 33



There are 5 chief concepts that everyone should know about vaccines.
The first concept is the single most important message.

Vaccines are one of the
most important ways
parents can protect their children.

Like seat belts and clean drinking water, vaccines protect infants/children from serious danger.

Slide 34

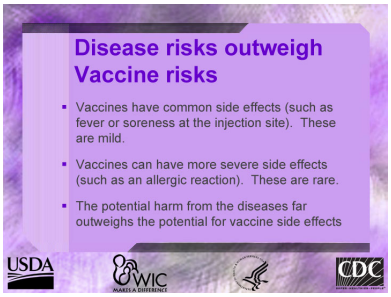
The second concept is that vaccines are safe.

Immunizations are extremely safe thanks to advances in medical research and ongoing review by doctors, researchers, and public health officials.

Many billion vaccinations have been given safely over the span of decades in the US -- not to mention worldwide.

A system of safeguards exists to ensure the safety of every dose of vaccine. The Food and Drug Administration has to approve the safety of every vaccine before it is licensed. Than it monitors production of vaccines to make sure strict safety requirements are met.

Slide 35

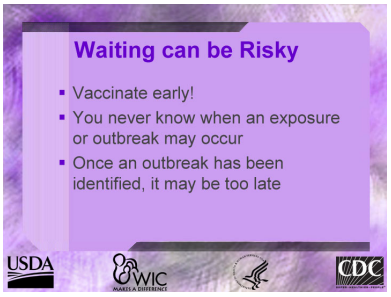


The third concept is that the risk of complications from the diseases far outweighs the potential for vaccine side effects.

Despite the fact that vaccines are very safe, it is important to remember that nothing is 100% safe, and this includes vaccines.

-Vaccines do have several common side effect, such as fever or soreness where the shot is given, these are mild.
-Vaccines can also have more severe side effects, such as allergic reactions, but these are rare.
-Despite the slight risk from vaccines, a person who gets a disease such as measles or tetanus or hepatitis B is at far greater risk for serious complications than a person who gets the vaccine. Getting a vaccine is much safer than getting a disease.

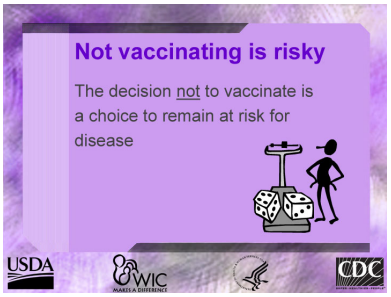
Slide 36



The fourth concept to know is that waiting to vaccinate has risks.

-Infants and young children are particularly vulnerable to infectious diseases so they should be vaccinated as soon as possible.
-Parents should follow the schedule and vaccinate at the earliest recommended age.
-You never know when an outbreak will occur in this country…these diseases are never more than a plane ride away.
-If there is an outbreak, it may be too late. Many children may be exposed before we are even aware an outbreak has started. Vaccination of children after they are exposed to disease will often not protect them.

Slide 37



Finally, it is important to know that the decision not to vaccinate is a choice to remain at risk for diseases.

If a child is exposed to a disease like measles, pertussis, or chickenpox - vaccination is the only thing standing between that child and a potentially serious illness. Without vaccination, there is nothing standing between the child and illness.

Many diseases that vaccines will prevent have no treatment available if the child gets the disease.

Parents may have heard news stories or seen websites dealing with the safety of vaccines; and they might have specific concerns about vaccines. The next two slides deal with two of the most common.

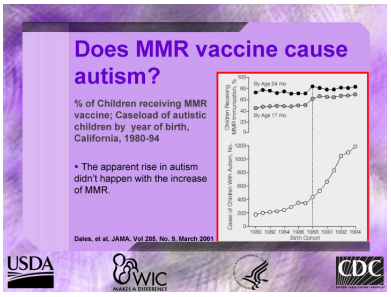
Slide 38

It's possible for a child to receive as many as 7 injections during a single visit. Understandably, this makes some parents nervous, fearing that getting all these vaccines at the same time is dangerous.

infants/children are exposed to a barrage of germs every day. In addition to bacteria introduced to the body from food, and those that live in the mouth and nose of everyone, even a minor illness like "strep throat" can expose a child to 25-50 different germs.

The number of germ-like particles in a vaccine pales in comparison. The immune system can easily handle the slight additional load presented by vaccines.

Slide 39



Some people may have heard that the MMR vaccine causes autism. This is in the news a lot lately.

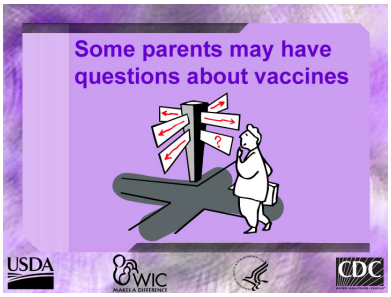
First, a number of well-controlled studies have shown no evidence that MMR (measles, mumps, and rubella) vaccine causes autism.

Still, some continue to point out that autism has increased dramatically in recent years, and believe that increases in children getting MMR vaccine is the cause.

If this were true, we would expect the number of children getting vaccinated to have risen at the same rate as the number of cases of autism. But California conducted a study that showed this did not happen. You'll notice on the graph on this slide that while the number of children with autism rose by about 500% between 1980 and 1994 (the bottom curve), the percentage of children getting MMR vaccine during the same time period increased only slightly.

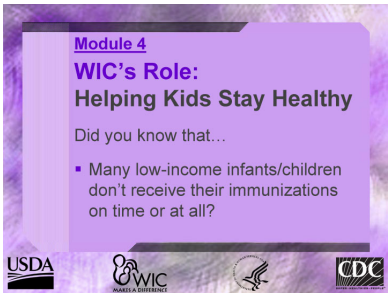
There may be a number of explanations for the rise in autism (for instance, it may simply be getting diagnosed more often than it used to) - but so far there is no evidence to suggest that immunizations are one of them.

Slide 40



Parents with questions should be referred to the child's physician or an immunization clinic.

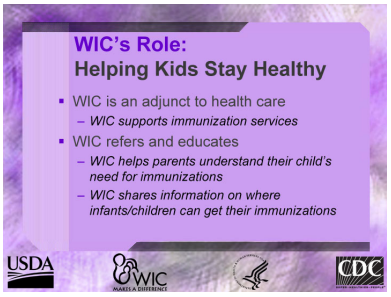
Slide 41



In this module, we will discuss why WIC is important in the effort to get infants/children immunized and how WIC can help.

Low-income infants/children are less likely to receive shots: Immunizing infants/children against certain diseases is one important way to help them stay healthy. Unfortunately, many low-income children don't receive their immunizations on time or at all. That means that millions of infants/children each year run the risk of developing a fatal or crippling disease that could have been prevented through immunization.

Slide 42

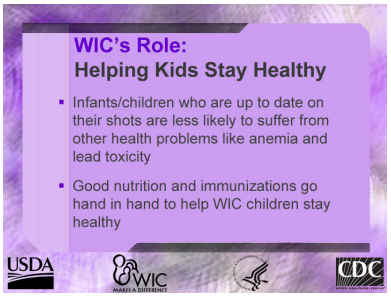


Adjunct to health care: Congress set up the WIC Program to "serve as an adjunct to good health care, during critical times of growth and development, to prevent the occurrence of health problems…and improve the health status" of WIC participants.

What exactly does adjunct mean? Adjunct means: "something joined or added to another thing but not essentially a part of it." WIC's mission is to be a partner with other services that are key to childhood and family well-being, such as immunization. As an adjunct to services that provide immunizations, the WIC Program's role is to find out about a child's need for immunizations and share that information with parents, including when, how, why, and where to get a child immunized.

Why is WIC so important to this effort? WIC serves almost half of all the infants born in the United States. That means that WIC can help millions of low-income infants/children get immunized by referring them to immunization services and educating parents about the importance of keeping infants/children up to date with shots and regular medical care.

Slide 43



(Instructor: Read Slide)

Slide 44

Let's take a look at the relationship between breastfeeding and immunizations.

--Breastfeeding is sometimes referred to as baby's "first immunization" because it protects newborns against infections by strengthening their immune systems.
--Mothers who intend to breastfeed are more likely to get infant immunized
--Breastfed babies have better responses to vaccines

Did you know that some doctors advise mothers to breastfeed their babies at the time of a shot? Studies have shown that breastfeeding can act as a pain reliever for shots.

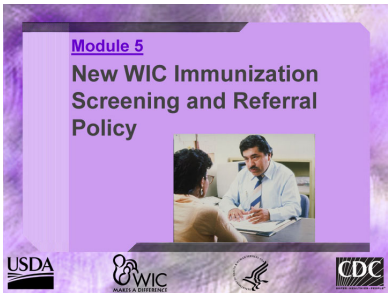
Slide 45

Read slide

Slide 46

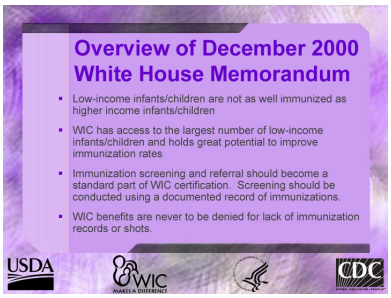
Read slide

Slide 47



In this module you will learn about WIC's new immunization screening and referral policy. The new policy will help improve immunization rates of low-income infants/children.

Slide 48

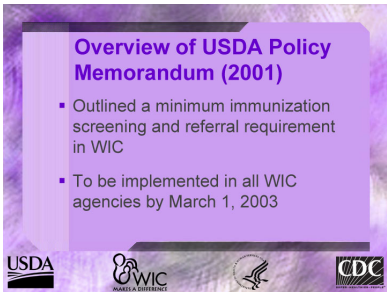


In December 2000 a White House Memorandum was issued. It cited the importance of immunization in preventing vaccine-preventable diseases and the need for WIC and Immunization programs to focus efforts to increase immunization rates among infants/children at risk.

The memorandum called for the development of a standardized procedure in WIC to determine the immunization status of infants/children and refer those in need of immunizations to appropriate health care providers. The standardized procedure requires that WIC screen a child's immunization status using a documented immunization history. This allows WIC to conduct more accurate immunization screening for referral.

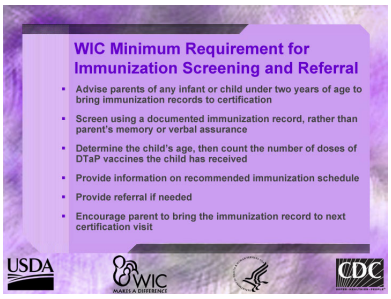
The White House Memorandum also directed that immunization screening and referral procedures should never be used as a condition of eligibility for WIC or the receipt of WIC benefits.

Slide 49



To implement the directives of the White House Memorandum, USDA issued a policy memorandum in August 2001. The USDA policy memorandum outlines a minimum WIC requirement for immunization screening and referral. As you will see in the coming slides, WIC's new minimum requirement allows for an accurate, efficient and appropriate screening and referral process in WIC.

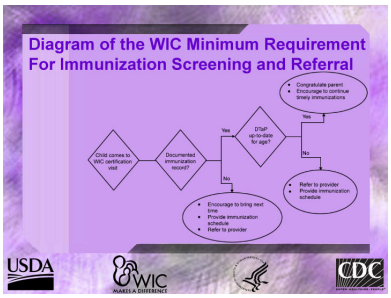
Slide 50



This is an overview of the steps involved in WIC's minimum requirement for immunization screening and referral.

Note that we will be using the number of DTaP shots a child has received as an indicator of the child's status with all immunizations.

Slide 51



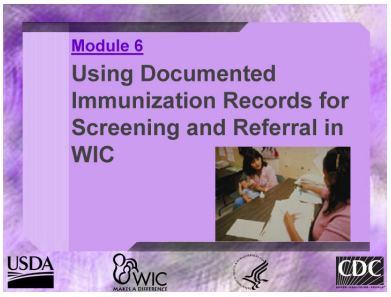
This slide walks you through the steps you need to take to screen and refer infants and children under two years of age for immunizations at WIC certifications. We will go through them now to give you an idea of what to expect. We will then go through the steps in more detail in the upcoming slides. (Facilitator may want to use pointer to follow diagram.)

First, the infant/child comes to the clinic for a certification visit. Does the parent have a documented immunization record with them? If no, provide a handout about the immunization schedule. Encourage the parent to talk to the child's doctor and/or make referral to an immunization clinic. Tell parent you will be asking for a record when the child is recertified.

If the parent does bring an immunization record to the WIC visit, count the number of DTaPs the child has received and determine if it is the right number for the age of the infant/child. If it is not, advise the parent that it appears the baby is in need of shots. Make a referral to the baby's doctor and/or to an immunization clinic. Tell the parent you will be asking for a record when the child is recertified.

If the child's shot record shows that the child has received the expected number of DTaPs for the his age, explain to the parent that the child seems to be getting the shots he needs. Congratulate the parent. Tell the parent WIC will be asking for the shot record at each certification.

Slide 52



As you have seen, the new requirement in WIC is to use a documented immunization record to screen for immunizations.

In this module, you will learn the importance of using documented immunization records to screen for shots.

Slide 53

An official immunization record will show documentation of each vaccine dose, date, and information about the vaccine and provider who gives the vaccine.
The parent or guardian may carry the infant/child's personal immunization record that the provider's office staff has prepared. This record can be used for official documentation. Some areas have computerized records from a registry, the provider practice, or some other type of automated data system. When a computerized system is in place, these records are also official and may be used.

Slide 54

Many times parents may believe that their infants/children are up to date because they've taken the child to the doctor, but a check of the immunization record shows that the child is behind on immunizations.

In WIC, we can no longer simply ask the parent if the child is up to date on shots. Asking the parent to remember, is not an accurate way to screen for shots.

WIC must screen for immunizations using a documented immunization record. A documented record of shots is more current and accurate than a parent's memory.

Slide 55

Explain to the parent the importance that WIC places on making sure that children are up to date on immunizations. Instruct parent to bring the immunization record to the appointment.

Slide 56

Slide 57

This is an example of what might be said to a parent at the time the WIC certification appointment is established.

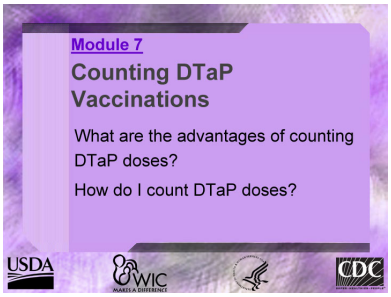
Slide 58

Reminder phone calls, postcards mailed to the home, and posters in the waiting room can be used to help to remind parents to bring immunization records to WIC appointments.

Slide 59

Be sure to thank the parent each time they bring immunization records to WIC appointments. It's important to let them know that WIC appreciates their effort and that is it worthwhile for them to bring the record.

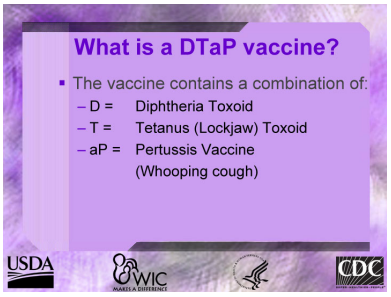
Slide 60



WIC's new minimum screening and referral policy requires WIC to screen for immunizations by counting doses of DTaP vaccine. This module will help you understand

(1) the advantages of counting DTaP doses and
(2) how to count number of doses of DTaP vaccines a child has received in relation to age.

Slide 61

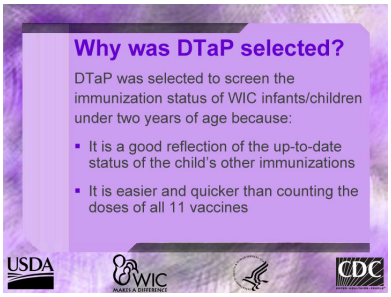


You will remember from our review of the recommended childhood immunization schedule that DTaP is a combination of three vaccines, Diphtheria, Tetanus, and Pertussis. (The small "a" stands for "acellular" and describes the type of pertussis vaccine.)

In order to provide adequate protection, the infant/child must receive several doses of the DTaP vaccine at various ages. Four of these vaccine doses should be given before the child is two years of age.

The recommended ages for these four doses are two months, four months, six months, and sometime between twelve to eighteen months of age.

Slide 62



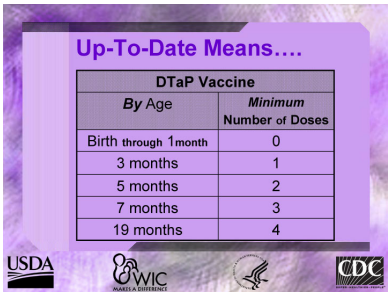
DTaP is a well known vaccine that has been given to infants/children for many years. It is also given at the same time as several other vaccines. WIC has agreed to help the immunization program by counting DTaP doses according to the child's age.

DTaP was selected as the vaccine to screen WIC infants/children because:

A study of WIC infants/children demonstrated that it is reasonable to assume that an child who has received the proper number of DTaP doses has also received the proper number of other vaccine doses.

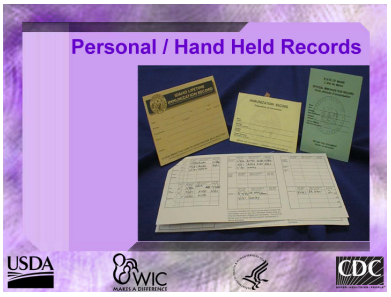
Counting the doses of DTaP is much easier and quicker than counting the doses of all 11 (or possibly 13) childhood vaccines

Slide 63



If an infant/child is up to date on immunizations, you will see that by three months of age the infant/child will have received one dose of DTaP, by 5 months of age two doses, by 7 months of age, three doses, and by 19 months of age, four doses. Sometimes an infant/child gets behind on their immunization schedule and then their immunizations status is a little harder to evaluate. This will be covered in more detail later, and you will have a chance to practice.

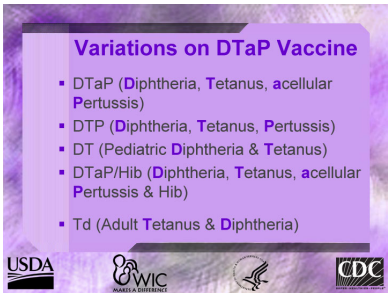
Slide 64



Here are some examples of personal immunization records you may see. Although they may look different at first glance, the information they contain is very similar.

On each immunization record there is at least one section where doctors or health care providers record the doses of DTaP vaccine given to an infant or child. The section of the record will be labeled DTaP, DTP, DT, or Td. There may be a section on the record labeled DTaP/Hib.

Slide 65



As I said, a vaccination record might contain several different designations for vaccines containing tetanus, diphtheria, and pertussis.

DTaP is the most common vaccine. As we've said before, it stands for Diphtheria, Tetanus, and acellular Pertussis vaccines.

Some records might say DTP (without the small "a"). This is an older vaccine that is not used any more, but it might still be shown on the record. For our purposes, DTaP and DTP are the same thing. Doses of DTP should be counted.

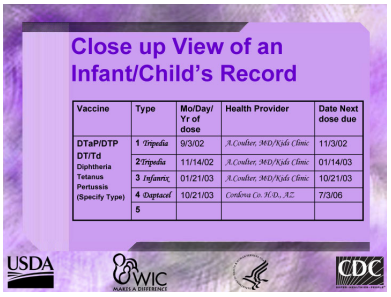
DT is a vaccine that contains only diphtheria and tetanus, but no pertussis vaccine. It is for children who should not get pertussis vaccine (for example, because of an allergy or previous reaction). It, too, should be considered the equivalent of DTaP for our purposes. DT doses should be counted.

DTaP/Hib contains DTaP vaccine AND Hib (Haemophilus influenzae type b) vaccine in the same needle. Doses of DTaP/Hib should be counted

If a record shows that a child got a combination of these vaccines (for instance DTaP at 2 months, and DT at 4 months and 6 months), count them all.

Td also contains diphtheria and tetanus vaccines, but is formulated for older children (over 7 years of age) and adults. Infants, and children under 7 should not get this vaccine, so you don't need to be concerned with it.

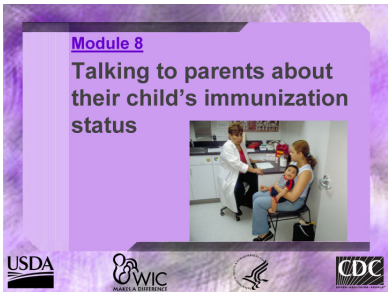
Slide 66



This is the DTaP section of a typical immunization record. This is the only part of the record you will need to learn to read.

You will see more examples and have a chance to practice screening an immunization record by counting DTaP doses in the upcoming practice session.

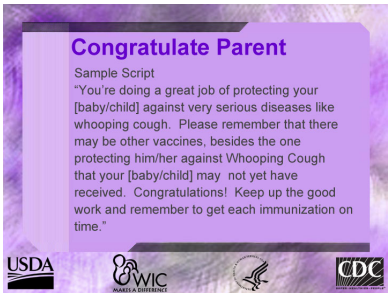
Slide 67



When you screen a child's immunization record you will be able to draw some conclusions about his or her immunization status - namely whether or not the child is up-to-date with his or her shots.

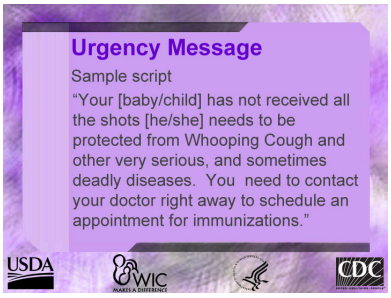
By the end of this module you will understand the appropriate information to provide to parents regarding their child's immunization status. Later you will have a chance to practice providing this information to parents.

Slide 68



If screening the record shows that the infant or child is up-to-date on the number of DTaP doses received, be sure to congratulate the parent and encourage them to keep up the good work.

Slide 69

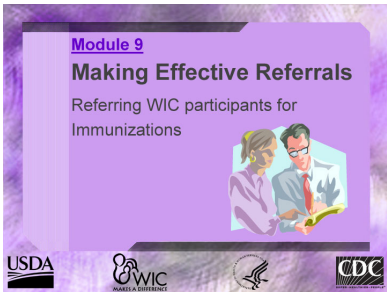


If screening the record shows that the infant or child is NOT up-to-date on the number of DTaP doses received, try to be supportive when talking to the parent so that they know that you want to help them protect their child from diseases. WIC can make an impact by taking this time to educate, support, and provide a referral to the doctor or immunization clinic.

Slide 70

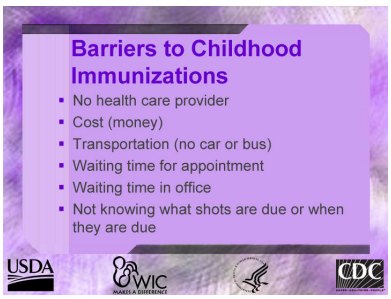
If the child is under-immunized or if the parent did not bring a documented immunization record, provide information on the recommended immunization schedule appropriate to the current age of the infant/child. This can be easily accomplished by providing the parent with a copy of the recommended childhood immunization schedule. Other educational materials such as facts sheets and brochures can also be provided if desired.

Slide 71



The purpose of this module is to discuss effective referrals for WIC infants and children who need immunization services.

Slide 72



Let's first take a look at a few of the things that can cause infants/children to get behind on their immunizations or not get them at all.

A barrier is anything that prevents a child from being immunized. Low income families are more likely to experience more than one barrier, making it that much harder for their infants/children to receive their immunizations on time. Some common barriers are described in this slide.

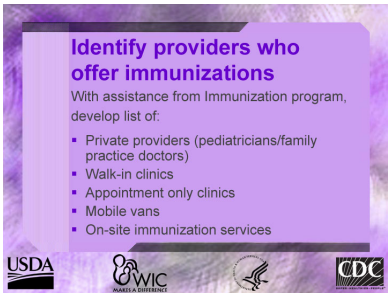
Can you think of other barriers that may prevent a child from being immunized?

WIC, through an effective referral system, can help minimize the impact of these barriers by coordinating with local Immunization programs and providers. For example, where possible, co-scheduling immunizations with WIC appointments can help save time for the clinic and the client.

Slide 73

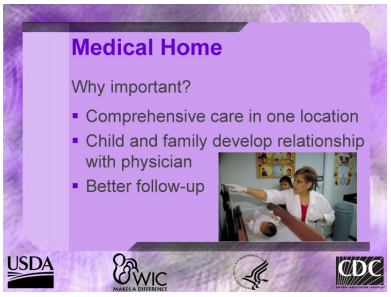
Helping parents to get their child immunized starts with making the best referral possible. This module will walk you through some suggested ways to refer parents to immunization services so that their infants/children can get immunized on time.

Slide 74



Your local Immunization program can provide information on local or on-site immunization service locations, phone numbers, times, etc.

Slide 75

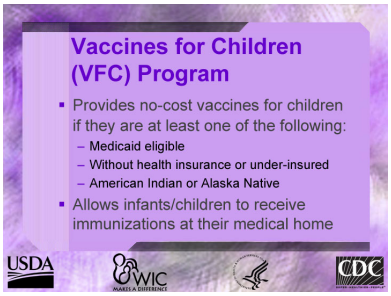


In helping WIC parents choose immunization providers, it is important to discuss the advantage to clients of having a specific primary care provider in order to give the child what we call a "medical home."

Getting immunizations should be a part of well-baby care. It is important for every baby to have a health care provider to go to for well care, as well as sick care. WIC can promote that all infants/children attain a "medical home" in order to help infants/children obtain comprehensive health care that includes all aspects of their needs in one location. A medical home provides the opportunity for a physician to develop a relationship of mutual responsibility and trust with the child and family. The medical home can be a pediatrician or family physician's office.

If referral to a medical home is not possible, referral should be made to an immunization program, clinic or other service.

Slide 76



In developing your list of immunization referral sources, look for providers who participate in the Vaccines for Children, or VFC, program. The VFC program is a federal program that provides eligible children all recommended vaccines at no cost.

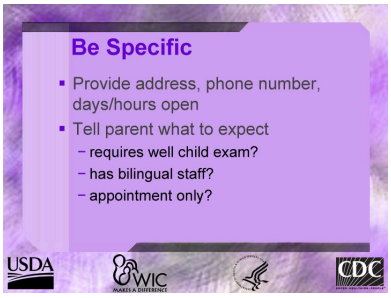
Most pediatricians and family doctors take part in the VFC Program. Your local Immunization program should have information on which providers participate in VFC and other no-cost or low-cost immunization programs.

Slide 77

Establish relationships with key providers in your community. Especially get to know the office staff. They can be your best sources of information.

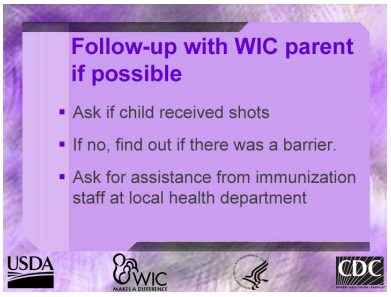
When possible, find out the provider's appointment procedures, including procedures for walk-in appointments.

Slide 78



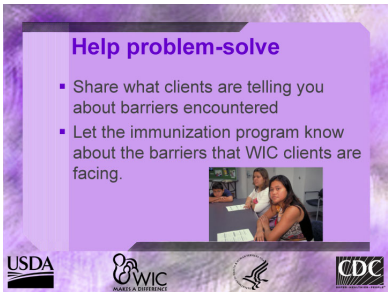
Provide the parent with specific information whenever possible, such as address, phone number and walk-in clinic days of immunization services. Provide as much information as you can to help the parent know what to expect at that clinic, e.g. does the provider require a well child exam prior to giving immunizations, does the provider have bilingual staff, does the provider only see patients with appointments, etc.

Slide 79



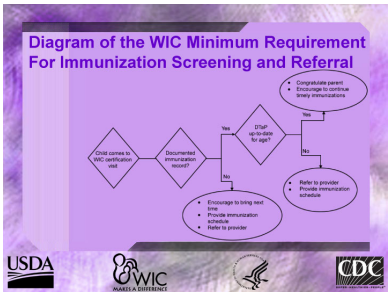
As much as possible, follow-up with the parent at the next WIC appointment or certification. Ask the parent if the child was able to get immunized. If the child didn't get immunized, try to find out why. If the parent had a problem getting the child immunized, offer other resources such as public health nurses and/or immunization staff at local health department to answer parent's questions, make appointments, etc.

Slide 80



Help problem-solve by talking with other WIC staff. Are you hearing about barriers at certain clinics? You may want to inform your local Immunization program staff about these problems--it is the their job to know where barriers exist and to try to minimize them. You may also consider informing the provider. You may decide not to refer WIC clients to providers who do not provide good service.

Slide 81



You've learned a lot today. Before we practice some of these, let's quickly review.

This slide walks you through the steps you need to take to screen and refer infants and children under two years of age for immunizations at WIC certifications. (Instructor may want to use pointer to follow diagram.)

First, the child comes to the clinic for a certification visit.

Ask: does the parent have a documented immunization record with them? If no, provide a handout about the immunization schedule. Encourage the parent to talk to the child's doctor and/or make referral to an immunization clinic. Tell parent you will be asking for a record when the child is recertified.

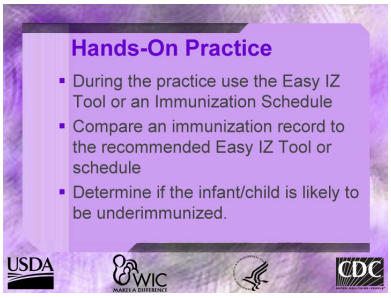
If the parent ***has*** brought an immunization record to the WIC visit, count the number of DTaP doses the child has received and determine if it is the right number for the age of the infant/child, according to the table we looked at earlier. If it is not, advise the parent that it appears the baby is in need of shots. Make a referral to the baby's doctor and/or to an immunization clinic. Tell the parent you will be asking for a record when the child is recertified.

If the child's shot record shows that the child has received the expected number of DTaP dosess for the his age, explain to the parent that the child seems to be getting the shots he needs. Congratulate the parent. Tell the parent WIC will be asking for the shot record at each certification.

Slide 82

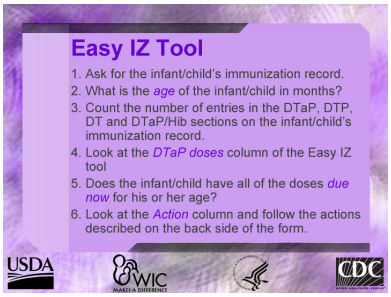
In this module, you will practice screening immunization records and counting the number of DTaP doses.

Slide 83



Now, we will practice screening records.

Slide 84



You will have your own copy of the Easy IZ Tool. It has been adapted from a tool that is used in California WIC immunization screening and it meets the minimum WIC requirement for immunization screening.

To begin the practice exercise or to do an actual screening, you must first ask the parent for the infant/child's immunization record. Remember, it may be hand written or a computer document as long as it was prepared by the provider.
You will see that the tool provides a continuous flow of age so that you will know which rows to use to screen an infant/child of any age up to two years.

The age of the infant/child refers to the age all the way to the end of the month. For example 2-3 months means all the way to the end of 3 months up to the time the infant/child becomes 4 months of age.

Count the number of doses of DTaP, DTP, DT and DTaP/Hib on the record. Look at the Easy IZ tool to match the infant/child's age and number of doses. Is the infant/child due any doses now? Follow the row to the Action column and follow the actions recommended. The back of your tool describes the actions to take.

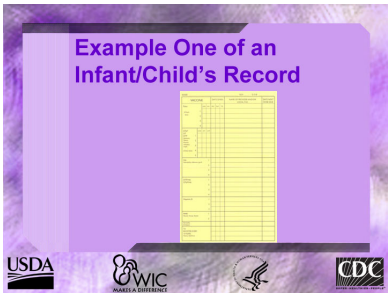
Slide 85

The "Urgency Message" suggests what you can say to the parent when the infant/child's immunization record indicates they need immunizations. It is important that they receive education on the importance of immunizations to protect their infant/child.

When immunization screening indicates the infant/child has no immunizations due, congratulate the parent on helping to protect their infant/child from unnecessary diseases and encourage them to continue with the immunization schedule.
Some parents may not have an immunization provider for their infant/child and they may not know where to go to get the needed care. Provide a list of local physician practices and encourage the parent to find one. Of refer to an immunization clinic or other immunization service.

Remind the parent to bring the infant/child's record to WIC visits. Explain that WIC can help the parents keep their baby protected from diseases by screening the immunization record. The parent should be provided a copy of the immunization schedule to take home.

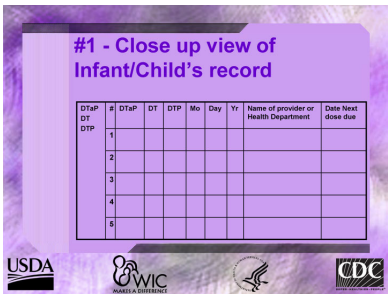
Slide 86



Here is an example of an immunization record. Look for one or more sections that pertain to DTaP vaccine.

Did you find the DTaP sections?

Slide 87



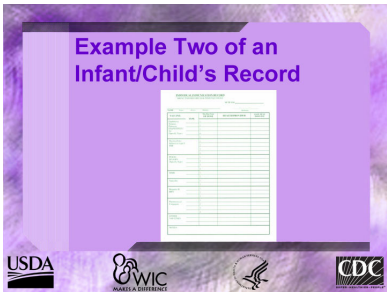
This is a close up view of the DTaP section of the immunization record.

Remember, before you can screen this record you need to know the exact age of the infant or child in months.

Suppose the infant is 20 months of age. Is he or she up-to-date?

Suppose the infant is 8 months of age. Is he or she up-to-date?

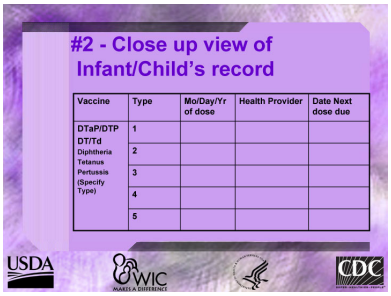
Slide 88



Here is another example of an immunization record. Look for one or more sections that pertain to DTaP vaccine.

Did you find the DTaP sections?

Slide 89



This is a close up view of the DTaP section of that immunization record.

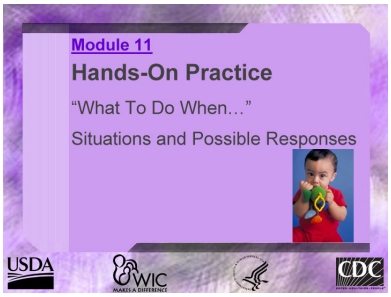
Again, before you are able to screen this record you will need to know the exact age of the infant or child in months.

If this infant were 1.5 months of age, would he or she be up-to-date?

If this infant were 3 months of age, would he or she be up-to-date?

If this infant were 4 months of age would he or she be up-to-date?

Slide 90



Naturally, we don't expect every record or every screening situation to be exactly alike.

In this module, we will look at several situations that may arise, and some possible responses to them.

Instructor: You may wish to divide the audience into small groups and assign several "situations" to each group for review and discussion.

Slide 91

These next four slides involve situations where the parent/caretaker does not bring an immunization record to WIC certification.

Situation: Parent/caregiver forgot to bring record.

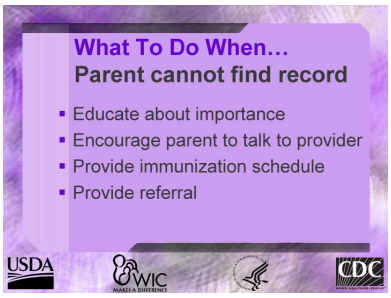
Possible Response: Discuss with the parent/caregiver the importance that WIC places on making sure that infants/children are up to date on immunizations. Encourage her to bring the record next time. Provide information on the recommended immunization schedule appropriate to the current age of the child. Provide referral for immunization services.

Slide 92

Remember, even though WIC is required to screen immunization records when available, immunization records and/or an infant/child's immunization status are in no way tied to the receipt of WIC benefits.

Slide 93

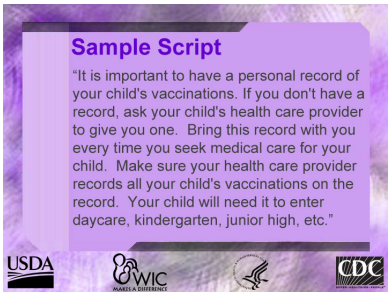
Slide 94



Situation: Parent cannot find record. This situation is likely to occur fairly often.

Possible Response: Discuss with the parent/caregiver the importance that WIC places on making sure that infants/children are up to date on immunizations. Encourage her to talk to her provider about getting a new record. Provide information on the recommended immunization schedule appropriate to the current age of the child. Provide referral for immunization services, preferably to medical home.

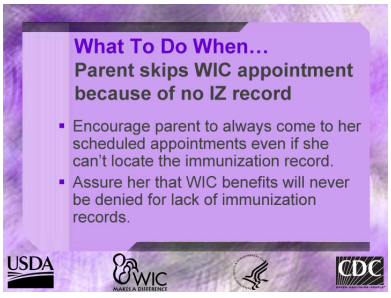
Slide 95



This is an example of what you might say to a parent who doesn't have or can't find the child's immunization record.

The last sentence is important. If parents don't have a valid immunization record when their child enters school, the child might have to repeat shots he/she has already taken.

Slide 96



Situation: A parent informs you that she skipped her last WIC appointment because she couldn't find her child's immunization record. She believes she cannot receive WIC benefits unless she brings in an immunization record.

Possible response: Assure parent that WIC benefits are not tied to the review of immunization records and that she should always come in for her scheduled WIC appointment. However, discuss with her the importance that WIC places on making

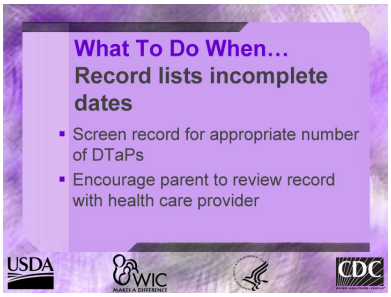
sure that infants/children are up to date on immunizations. Provide information on the recommended immunization schedule appropriate to the current age of the child. Provide referral for immunization services, preferably to the medical home.

Slide 97

Situation: In the situation, the parent might bring in five different records for the same child. Or a parent brings in multiple records with different names, but assures you they are for the same child.

Possible Response: Encourage parent to talk to her provider about consolidating the records onto one. Provide a referral, preferably to medical home.

Slide 98

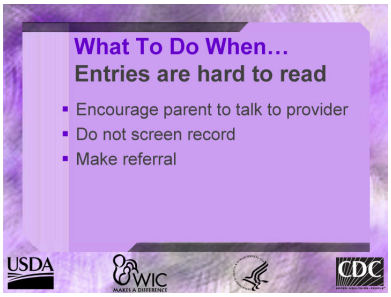


This next group of scenarios involves hard-to-read immunization records.

Situation: The immunization record lists different immunizations, but the dates are incomplete, i.e., month and year only, but no day.

Possible response: Screen the record for the appropriate number of DTAPs. You need not be concerned about dates.

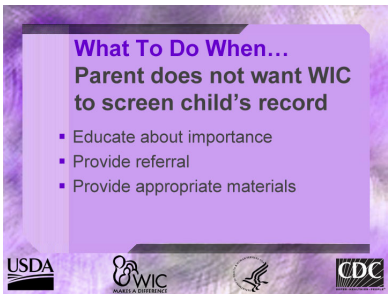
Slide 99



Situation: The vaccines listed on the immunization record are hard to read or do not correspond to any you have ever seen before.

Possible response: Encourage the parent to talk to her provider and explain that the record is hard to read. Do not screen the record because it is too easy to make mistakes. Make a referral to immunization services, preferably the child's medical home.

Slide 100



Situation: The parent does not want WIC to screen her child's records.

Possible response: As with any WIC service, the client has a right to decline. Try to find out why the parent does not want WIC to screen the child's records.

Some parents may have concerns about vaccine safety, or have religious or other objections to immunizations, or might be embarrassed at having an incomplete record or that the child is not up-to-date.

Discuss with her the importance that WIC places on making sure that infants/children are up to date on immunizations. Reassure her that an incomplete record won't jeopardize her WIC services, and that your purpose in screening is only to help her protect her child from disease. Provide information on the recommended immunization schedule appropriate to the current age of the child. Provide referral for immunization services, preferably to the medical home. Provide materials, if available, on vaccine safety.

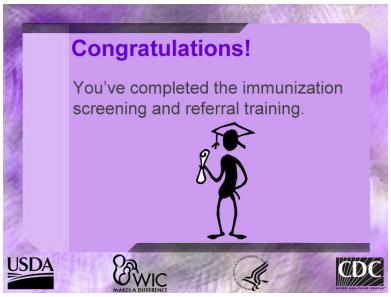
Slide 101

Situation: The record is from another country and in another language.

Possible response: Thank the parent for bringing in the child's records. Encourage parent to talk to her health care provider to see about getting the record translated and catching up if they are behind on any vaccines. This is especially important because studies show that foreign-born infants/children in the United States are less likely than U.S.-born infants/children to receive all their needed doses of vaccines. Provide referral for immunization services, preferably to the medical home.

Contact staff of local Immunization program for assistance.

Slide 102



Slide 103